



Utah Department of Health Patient Safety Sentinel Event Reporting Form
Part I of this report is due to UDOH within 72 hours of determination of event
(all sections on front and up to findings on back)
but no later than 4 hours prior to convening a root cause analysis
 Phone number: (801) 538-7024, Fax number: (801) 538-7053

This information is protected from public disclosure under Utah Cod Ann. 26-3-7 and 8

R380. Health, Administration

R380-200. Patient Safety Sentinel Event Reporting.

R380-200-3. Reporting of Patient Safety Sentinel Events.

- (1) Each facility shall report to the Department all patient safety sentinel events .
- (2) Patient safety sentinel events include:
 - (a) all deaths that occur at the facility and that are directly related to any clinical service or process provided to a patient for which the patient at the time of death:
 - (i) was not subject to a "do not resuscitate order";
 - (ii) was not in a critical care unit, except where the patient is transferred to a critical care unit as a consequence of a patient safety sentinel event that occurs elsewhere in the facility;
 - (iii) was not in the emergency room or operating room having presented in the last 24 hours with a Glasgow score of 9 or lower;
 - (b) events that occur in the facility and that are directly related to any clinical service or process provided to a patient that resulted in :
 - (i) surgery on the wrong patient or body part;
 - (ii) suicide of a patient; or
 - (iii) major loss of physical or mental function not related to the natural course of the patient's illness or underlying condition; and
 - (c) events that occur in the facility and that are not directly related to clinical services provided to a patient and which results in an alleged:
 - (i) patient abduction;
 - (ii) discharge of an infant to the wrong family;
 - (iii) rape of a patient;
 - (iv) intentional injury to a patient, whether by staff or others; or
 - (v) suicide of a patient.

Part I (May attach internal form to avoid duplication of effort)

Please do not submit patient name

Patient's Age _____ Patient's Gender _____ Admitting Diagnosis _____

All Current or Discharge Diagnoses:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and contact information of person submitting report (phone and email):

Name and contact information of root cause analysis lead staff (if different from above):

(Continued on backside)

9/9/2001

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Name of Hospital Reporting

Date of Event

Date Reported

Location of event within Hospital (unit, ward, floor, etc)

Narrative Description of Sentinel Event (3-5 Sentences)

Part II

Submit following upon completion of root cause analysis and send to UDOH

Please do not submit patient name

Findings:

Action Plan Steps:

Keep copy for Hospital Peer Review and submit to UDOH at 801-538-7053 (fax) or email to Iona Thraen at ithraen@doh.state.ut.us or call 801- 538-7024

Or mail to: Patient Safety Initiative c/o Iona M. Thraen
Utah Department of Health
288 North 1460 West
P.O. Box 142002
Salt Lake City, UT 84114-2002